

**Background:** The National Institute of Clinical Excellence issued guidelines on Axillary Node Clearance (ANC) in patients with early and localised primary breast cancer. A 2015 ABS Consensus statement explores how ANC may be avoided. There is controversy in the management of patients with low burden axillary disease as predicted from the Ultrasound (US) Scan.

**Aim:** To investigate the efficacy of the US scan in identifying low burden axillary disease in patients with primary breast cancer.

**Method:** A retrospective study was performed at a symptomatic breast unit including all patients undergoing an ANC between January and December 2014.

**Result:** A total of 112 patients had an ANC. All patients had an US Axilla. 72% had light burden disease on US scan (<3 nodes). 27 of these had 3 or more positive nodes on ANC.

**Conclusion:** The majority of low burden disease identified from US scan had a positive ANC. This suggests in symptomatic breast cancer that low burden disease cannot always be predicted. Our current axillary management will be unchanged and we plan to conduct a prospective trial having asked the radiologists to comment specifically on number of involved nodes.

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## 1256: ACCURACY OF INFORMATION ON SURGICAL MANAGEMENT OF BREAST CANCER ON THE INTERNET

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**Aim:** The aim of this study was to assess the accuracy and accessibility of the information on the Surgical Management of Breast Cancer on the internet.

**Method:** The contents of the top 100 websites from three different search engines were selected. The quality of websites was evaluated using an investigator-designed appraisal tool based on the guidelines from NICE, Association of Breast Surgery and Good Surgical Practice.

**Result:** Reassuringly in 90% of the websites Surgical procedures like 'Mastectomy', 'Breast conserving surgery', 'lymph node surgery' and 'breast reconstruction' were discussed. Only 29% websites discussed "Management of contralateral breast".

Particular areas of weakness were the lack of information on management of post-operative complications, surveillance and management of the contralateral breast.

**Conclusion:** There appears to be a great variability in the quality of information present online on the surgical management of Breast cancer. Grading of websites according to the accuracy of information they contain may also enable healthcare professionals to signpost patients to trustworthy, up-to-date websites. There is an onus of the Royal College of Surgeons and Surgical Associations to ensure that they invest in websites that provide accurate information on the Surgical management of Breast Cancer, so that nursing patients receive high quality information.

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## Cardiothoracic surgery

### 0127: BLEEDING COMPLICATIONS IN AORTIC SURGERY WITH OR WITHOUT APROTININ

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Aprotinin (Trasylol) may reduce bleeding complications in aortic surgery but the evidence is limited and conflicting. There is also evidence that aprotinin increases renal failure, stroke and mortality.

**Aim:** To determine whether aprotinin reduces bleeding complications in adults undergoing aortic surgery.

**Method:** A single centre retrospective cohort study including 281 consecutive adult patients undergoing aortic surgery at the Bristol Heart

Institute. Of these, 105 (37.4%) received aprotinin and 176 (62.6%) did not. The primary outcome was bleeding complication consisting of (i) post-operative blood loss; (ii) transfusion requirements and (iii) haemoglobin reduction. Secondary outcomes included systemic complications. Statistical analysis was completed using the Mann Whitney U Test and Chi-squared Test.

**Result:** Baseline characteristics and perioperative variables were similar between the two groups. Total blood loss was only marginally lower ( $p > 0.05$ ) in the aprotinin group (750mL vs. 762.5mL) which didn't cause a significant difference in percentage haemoglobin reduction following surgery (28.6% vs. 29.7%). There was also a non-significant reduction in blood product transfusions in the aprotinin group (52.4% vs. 59.1%).

**Conclusion:** This is the largest study to explore aprotinin use in aortic surgery. Our results don't support the use of aprotinin in aortic surgery with no significant reduction in bleeding complications.

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### 0172: MUCH ADO ABOUT NOTHING – ARE PATIENTS AWARE OF THE MORTALITY DATA PUBLISHED BY THE SOCIETY OF CARDIOTHORACIC SURGEONS?

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**Objective:** Surgeon-specific mortality data (SSMD) in cardiac surgery appeared in the public domain in 2007. However, there is no clear indication that the public appreciates or engages with these data. Our aim was to assess patient awareness and interpretation of the Society of Cardiothoracic Surgeons (SCTS) data on SSMD and hospital-specific mortality data (HSMD).

**Method:** A questionnaire consisting of 17 questions, including SSMD and HSMD published from 2010 to 2013 by the SCTS, was interpreted by 42 cardiac patients, 4 days post-operatively.

**Result:** No patients were aware of the HSMD and only 7% (3/42) of the patients were aware of the SSMD published on the SCTS website. 83% (35/42) of patients interpreted the SSMD correctly. Although these data only mattered to 38% (16/42) of patients, 50% (21/42) would appreciate a discussion about the mortality data, prior to their operation.

**Conclusion:** Our study showed very little patient awareness of the SCTS data. However, the majority of patients were able to interpret the mortality data and there was willingness to engage - patients care about results. Therefore we pose the question – is it worth the SCTS investing in increasing patient awareness or should we be using this data solely for monitoring purposes?

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### 0295: AORTIC REGURGITATION INCREASES WITH DURATION FOLLOWING HEARTWARE HVAD IMPLANTATION

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**Aim:** Patient survival and performance of continuous-flow left ventricular assist devices (CF LVAD) are adversely affected by aortic regurgitation (AR). We examined the development of AR during HeartWare HVAD support.

**Method:** We reviewed records of 56 consecutive patients after HVAD implantation between 2009 and 2015. Aortic valve (AV) opening was encouraged by optimisation of LVAD speed and use of the Lavare cycle in all patients.

**Result:** At LVAD implant: 2 patients required bioprosthetic AV replacement (AVR); 12 had mild AR. During LVAD support: 18 patients had no AR or resolution of mild AR. *De novo* mild AR developed in 22 patients. Moderate AR developed in 13 (10 *de novo*, 3 from pre-LVAD mild AR). Severe AR developed in 2 (1 *de novo*, 1 from pre-LVAD mild AR), both underwent urgent transplantation. Kaplan-Meier survival